

Cardinal Newman Academy

8 Leonard Street
Norwalk, CT 06850

Student Registration Checklist

2014 – 2015 Academic Year

For New Applicants:

_____ Application for Admission (per new student)

_____ Application Fee of \$25 (per new student)

- Made payable to: *Cardinal Newman Academy*

_____ Most Recent Report Cards

_____ Transcript Request

_____ School Report (For Home Schooled Students)

_____ Interview with Board Member



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Application For Admission

Grades 9-12
2014 – 2015 Academic Year

Student Information:

Full Name: _____
First Middle Last
Nickname _____
Date of Birth: _____ Social Security Number: _____ Sex: ☐ M ☐ F
Street Address: _____
City: _____ State: _____ Zip code: _____
Current Grade: _____ Current School: _____ Town: _____
Years Attended: _____ Principal or Director: _____ Telephone: _____

Father or Legal Guardian:

Full Name: _____
First Middle Last
Address (if different): _____
City: _____ State: _____ Zip code: _____
Home Telephone: _____ Work Telephone: _____ Cell Phone: _____
Occupation: _____ Title: _____
Name of Company: _____
Business Address: _____ E-mail: _____
City: _____ State: _____ Zip code: _____

Mother or Legal Guardian:

Full Name: _____
First Middle Last
Address (if different): _____
City: _____ State: _____ Zip code: _____
Home Telephone: _____ Work Telephone: _____ Cell Phone: _____
Occupation: _____ Title: _____
Name of Company: _____
Business Address: _____ E-mail: _____
City: _____ State: _____ Zip code: _____

Student Resides with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other (Please Specify) _____

Student's Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Father is deceased ☐ Mother is deceased

Other Children in Family:

Name	Age	Name	Age

Religious Information:

Student’s Religion _____ Parish/Church: _____

If Catholic, check Sacrament(s) student has received:

Sacrament	√	Church	City/State	Date
Baptism				
Penance				
Eucharist				
Confirmation				

Schools Previously Attended:

School Name	School Address	Grades	Dates Attended

Additional Student Information:

Hobbies: _____
Sports: _____
Special Interests: _____
Allergies: _____
Medical Problems: _____
Learning Challenges: _____
Concerns or Problems that may affect child’s performance _____

Has your child been tested or evaluated for any learning issues? If so, please describe _____

Please describe your goals and objectives for your child’s spiritual and intellectual formation. Please explain how you expect Cardinal Newman Academy to assist you in achieving these goals.

Parent’s Signature:

If our student is accepted for admission to Cardinal Newman Academy, we agree that we will uphold the purposes and regulations of the school as represented by the administration and faculty; we will reinforce the student’s education through encouragement and supervision at home; and we will meet our financial obligations to the school.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Cardinal Newman Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin or ethnic origin in administration of its educational policies, admission policies, scholarship programs, and athletic and other school-administered programs.



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Transcript Request

For Students Grades 9-12

My child, _____ who is entering grade _____,
Name of student

is applying for enrollment to Cardinal Newman Academy for the 2014 – 2015 school year. As such, all pertinent records are requested.

I give permission to _____ at
Name of school previously attended

Address of school

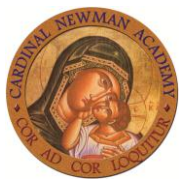
to release all of my child's records to Cardinal Newman Academy. Please provide a copy of the following:

- Copy of permanent record,
- Copy of final report card from previous school(s),
- Achievement test scores,
- Documentation regarding any psychological or educational evaluation, and
- Any other pertinent information regarding the above student, which would assist the school administration in placement of the child.

Records must be transferred directly from the previous school and should be sent to the attention of:

Cardinal Newman Academy
8 Leonard Street
Norwalk, CT 06850

Signature of Parent/Guardian: _____ Date: _____



Cardinal Newman Academy

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School Report For Home-Schooled Students

Name of Student: _____ Entering Grade: _____
First Middle Last

Cardinal Newman Academy welcomes students from a variety of educational backgrounds, including those who have been home-schooled. The following information is requested to help in place students at the proper grade level and to provide a better understanding of each student's unique educational experience.

When did you begin home-schooling your child (grade/date)? _____

Did he/she attend a school at any time during his/her formal education? If so, when and where?

What factors led you to decide to home-school (e.g. religious beliefs, financial, etc.) _____

Please list names and ages of siblings who are also being home-schooled _____

Please list which subjects were taught and what teaching materials were used (curriculum, textbooks, etc.) _____

How was progress evaluated? How often? Are syllabuses, grades, or evaluation summaries available? _____

Has the student ever taken any standardized testing? If yes, please enclose testing results. _____

Please list any other resources utilized (co-operatives, museum classes, art or music classes, sports teams, etc.)

Signature of Parent/Guardian: _____ Date: _____